Exhibit A

	3052023294082	CER	CERTIFICATE OF DEATH 3202342003536									
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)	USE BLACK INK O	STATE OF CALIFO USE BLACK INK ONLY / NO ERASURES, V VS-11 (REV 3/		WHITEOUTS OR ALTERATIONS L				OCAL REGISTRATION NUMBER			
DECEDENT'S PERSONAL DATA	CONNOR	2. MIDDLE JEFFREY		3, LAST (Family) AMADOR								
	AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	de full AKA (FIRST, MIDDLE, LAST)				IF UNDE Months	R ONE YEAR Days	IF UNDER Hours	24 HOURS Minutes	6, SEX		
	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY	Y NUMBER 11. EVER I	IN U.S. ARMED F	1000000		JS/SRDP* (at Time of Deat	h) 7. DAT	E OF DEATH	nm/dd/ccyy	8. HOU	R (24 Hours)	
T'S PE	CA 13. EDUGATION – Highest Level/Degree 14/15, WAS DECEDENT HISPANI				NEVER MARRIED 12/29/2023 0133 16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)							
EDEN	1a. EDUCATION - Highest Level/Degree 14745, WAS DECEDENT HISPANIC/LATINO(A/SPANISH? (If yes, see worksheet on back) HS GRADUATE YES YES											
DEC	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) 19. YEARS IN OCCUPATION										OCCUPATION	
1111 1111 1111 1111 1111 1111 1111 1111 1111	20. DECEDENT'S RESIDENCE (Street and number, or location)											
USUAL	208 SOMERSET PLACE	0.000 1000 100 100 100 100 100 100 100 1	23, ZIP CODE 24, YEARS IN COUNTY					25. STATE/FOREIGN COUNTRY				
	LOMPOC SA	Accesses to the last of the la	93436 2				CA					
INFOR-	28. INFORMANT'S NAME, RELATIONSHIP MATTHEW C. VANDERZANDAN, BROTHER 27, INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2471 WILMAR AVE., OCEANO, CA 93445											
SPOUSE/SRDP AND IN	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST	29. MIDDLE				30. LAST (BIRTH NAME)				# 1		
	31, NAME OF FATHER/PARENT-FIRST	33, LAST				8			34. BIRTH STATE			
	JEFFREY	32. MIDDLE			AMADOR					CT	TOTAL THE	
	35. NAME OF MOTHER/PARENT-FIRST VERONICA	36. MIDDLE RUTH			37. LAST (BIRTH NAME) SMALE					38, BIRTH STATE		
2 "	99. DISPOSITION DATE mm/dd/ccyy 40. PLACE OF FINAL DISPOSITION ARROYO GRANDE CEMETERY										AND STATE OF	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	01/15/2024 895 EL CAMINO REAL, ARROYO GRANDE, CA 93420 41. TYPE OF DISPOSITION(S) 42. SIGNATURE OF EMBALMER 43. LICENSE NUMBE									IMBER /		
	CREMATE/BURIAL LA KAILEE S.			VITELLI			**************************************	50		EMB9257		
	44. NAME OF FUNERAL ESTABLISHMENT MARSHALL-SPOO SUNSET FUNERAL CHAPEL 45. LICENSE NUMBER FD985 HENNING ANSORG, MD						1 25 E 9 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47. DATE mm/do 01/11/20				
_	101.PLACE OF DEATH 102.IF HOSPITAL, SPECIFY ONE 103.IF OTHER THAN HOSPITAL, SPECIFY ONE CAS STATION											
PLACE OF DEATH	104, COUNTY 105, FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)							106. CITY				
Z.	SANTA BARBARA 1421 E. OCEAN AVE. 107. CAUSE OF DEATH Enler the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enler terminal events such							Time Interval Between 108. DEATH REPORTED TO CORONER?				
AUSE OF DEATH	as cardiac arriest, respiratory arrest, or ventricular fibrillation without showing the eliology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) PENDING INVESTIGATION							Onset and Death X YES			NO.	
	(Final disease or condition resulting)							- 23-12317 (BT) 109: BIOPSY PERFO		FORMED?		
	(B) Sequentially, list, conditions, if any,							YES		X NO		
	leading to cause: On Une A. Enter (C) UNDERLYING 1062							(CT)	110.5	AUTOPSY PE	RFORMED?	
USE OF	CAUSE (disease or linjury that: initiated the events (D) resulting initiated the events (D) resulting in initiated that (AST)							(DT) 111. USED IN DETERMI				
ğ	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107							201 - 101 -	LX	YES	NO	
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.)								13A. DECEDE	NT PREGNANT	- Property	
CIAN'S	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TIT	TLE OF CERTIFIE	R	7 - 11 71 - 12 71 - 12	1000 C 1000 C	1	16. LICENSE	NUMBER 1	117. DATE 1	nm/dd/ccyy	
PHYSICIAN'S ERTIFICATION	Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/coyy ; (B) mm/dd/coyy	ADDRESS, ZIP C	DDE		1000 1000 1000 1000 1000 1000 1000 100	10. (0.00) 10. (0.00)	11 111111	11.				
PHYSIC	119, I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 120, INJURED AT WORK? 121, INJURY DATE mm/dd/copy 122, HOUR (24 Hours)											
	MANNER OF DEATH Natural Accident Homicide	Suicida V Per	nding estigation	Could not determine	be VES		UNK	21, INJUNT O	Are milego	ccyy 122. ft	OUN (24 Hours)	
ONEY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)											
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)											
ONER	125. LOCATION OF INJURY (Street and number; or location, and ci	tv. and zip)	100 000 000 0000 0000 000 000 000 000 0		10.0000	11 10 10 10 10 10 10 10 10 10 10 10 10 1	10 117 100 107 100 107 101 107 101 107	1000000	10111111111111111111111111111111111111			
COR		100 100 100 100 100 100 100 100 100 100	ALBERT COMPETED OF THE COMPETE				10 P(010)	10.0019. 10.0019. 10.0019. 10.0019. 10.0019. 10.0019. 10.0019. 10.0019.		2010 100 100 100 100 100 100 100 100 100		
	128. SIGNATURE OF CORONER / DEPUTY CORONER JAMES M DUNCAN 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONE											
	ATE A B C E	THE COURSE OF TH						FAX AUTH.# CENSUS TRACT				
REGIS	STRAR				100000000000000000000000000000000000000							

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SANTA BARBARA

SS

FEB 16 2024

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

000648607 Aneuz MD

HENNING ANSORG, M.D.
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Health Officer.

